

## RECYCLING PLAN

*If a recycling plan is used please complete*

Recycling Program Point-of-Contact: \_\_\_\_\_

Phone: \_\_\_\_\_

Recycling Method Used: \_\_\_\_\_

\_\_\_ Source Separation:

\_\_\_ Post-Collection Separation: Town/County Approval must be attached.

### Recycling Materials included in the recycling program

*Check all that apply*

<input type="checkbox"/>	Corrugated Cardboard	<input type="checkbox"/>	Plastic Containers	<input type="checkbox"/>	Mixed Paper
<input type="checkbox"/>	Wooden Pallets	<input type="checkbox"/>	Magazines/Catalogs	<input type="checkbox"/>	High Grade Paper
<input type="checkbox"/>	Newspaper	<input type="checkbox"/>	Plastic Film	<input type="checkbox"/>	Ferrous Metals
<input type="checkbox"/>	Metals Containers Including aluminum, steel and bi-metal	<input type="checkbox"/>	Fluorescent Bulbs	<input type="checkbox"/>	Glass Containers including clear, green and brown
<input type="checkbox"/>	High-Density discharge lamp	<input type="checkbox"/>	Renderings including fat, oils, greases	<input type="checkbox"/>	

### Source Reduction Methods Implemented

*Please check all that apply*

\_\_\_ Double-sided copying

\_\_\_ Inter-Office/company envelopes

\_\_\_ Installing reusable furnace or air conditioning filters

\_\_\_ Installing long-lasting energy efficient light bulbs or fixtures

\_\_\_ Reducing fax transmission cover pages to ½ page or stick-on notes

\_\_\_ Using packaging alternatives made of post-consumer recycled materials

\_\_\_ Other measures: \_\_\_\_\_

### Education Program Implemented

*Please check all that apply*

\_\_\_ Flyers with all proposals and contracts outlining the recycling plan. The importance of recycling, and identifying recyclables and identifying recyclable materials and collection points (attach copy)

\_\_\_ Annual recycling program updates to all employees (attach copy)

\_\_\_ Signs identifying recyclable materials

\_\_\_ Other: \_\_\_\_\_

### Additional Information

*Please check all that apply*

\_\_\_ Semi-Annual refuse hauler/recycling service provider's recyclable quality report (attach copy)

\_\_\_ Correspondence with the Town (attach copy)

# Town of Merrillville Business License Application and Recycling Plan

*Please complete front and back side of form in full.*

☐ *Internal Office Use Only*

☐ \$50.00 Application and Inspection Fee Receipt# \_\_\_\_\_

☐ \$100.00 License Fee Receipt# \_\_\_\_\_ Received by \_\_\_\_\_

☐ **LPU**

Approved: \_\_\_\_\_ Approval Date: \_\_\_\_\_

Notes: \_\_\_\_\_

**Business Information:**

Name of business: \_\_\_\_\_

Business Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Federal ID or SOC of \_\_\_\_\_

Owner: \_\_\_\_\_

Days & Hours of Operation: \_\_\_\_\_

Status of Occupancy (Deed owner, lessee, etc.): \_\_\_\_\_

**Building Property Manager:**

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

**Property**

**Parcel #:** \_\_\_\_\_

**Business Owner Information:**

Owner

Name: \_\_\_\_\_

Owner Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

**Key Holder #1:**

Name: \_\_\_\_\_

Key Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

**Key Holder #2:**

Name: \_\_\_\_\_

Key Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

**Business Garbage Provider Name:** \_\_\_\_\_

**Corporate Information:**

Corporate Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

☐ **Yes please send all business license information to our corporate office.**

Specific Nature of Business:

Please check what applies

☐ Retail ☐ Wholesale ☐ Manufacturing

☐ Service ☐ Other

Specific Items Produced, Sold, Warehoused, Etc.?

**Have you obtained all permits and licenses' required by state and county laws for your type of business?**

☐ Yes ☐ No

**Are there any hazardous materials on premise?**

☐ Yes ☐ No

**Alarm system used on premise?**

☐ Yes ☐ No

*Please provide the internal site diagram of the business layout and design. On a separate sheet of paper.*

**Please complete and return with (\$150) payment, payable to the Town of Merrillville, 7820 Broadway, Merrillville, IN 46410**